U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number 0 - 12.36.5	2. Fiscal Year Covered From:			
	1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Gerald J Pecona, Jr.	Name LABORER'S LOCAL UNION 1058			
	Labor Organization File Number 039-555			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 14 Creighton Avenue	Street #12 Eighth Street			
City Pittsburgh	City PittsBurgh			
State PA ZIP Code + 4 /52.05	State PA ZIP Code + 4 15222			
5. Position in labor organization.  President				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
monetary value from an employer whose employees your organization	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
<ol><li>Name and address of Employer (including trade name, if any).</li></ol>	7.a. Nature of Interest, Transaction, or Income.			
Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.			
	7.a. Nature of Interest, Transaction, or Income.			
Name				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  \$			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street				
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signa	7.b. Amount.			
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the signatory and is to the best of the			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany)	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the signatory and is to the best of the			

Name of Person Filing GERALD J. PecoRA J.	e.	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or othen of an employer whose employees your labor organization represents or is actin (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.  8. Name and address of Business (including trade name, if any).  Name PNC Padvisors	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise ation is interested.  9. Business deals with:	A DAMES AND A DESCRIPTION OF THE PROPERTY OF T		was a constant and a
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 620 LiBerty Avenue  City PittsBurgh  State PA. ZIP Code +4 15222	a. Labor Organiza  b. Trust  c. Employer	uion		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name LABOREUS Combined Funds Pension TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deal  I Am a Trusted  Representing Loca  Golf outing Spe  Who manage P	of the Pewsi	on Fund Attended In PNC Advisors Assets.	uch é
Street 1109 FiFth Avenue	11.b. Approximate dollar val	ue of such dealing.	332.00	
City Pitts Bungh  State Ph. ZIP Code + 4 152/9	12.a. Nature of interest hel	d or income received.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	Construence construence de la construence del la construence del la construence de l	e-month-orange-management market construction and an arrangement of the construction o	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Name				and the second s
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14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State

Name	of Person	Filing
Name	ULL CL3UL	1 1111111111111111111111111111111111111

## GERAID J. PECORA, JR.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name LABORER'S Combined Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street //o9 Fifth Avenue  City Pitts Burgh  State PA ZIP Code + 4 15319	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name LABORER'S Combined Funds Pension TRUST		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1109 FIFTS AVENUE	11.b. Approximate dollar value of such dealing.	
City Pitts Burgh	12.a. Nature of interest held or income received.	
State PA. ZIP Code + 4 /5 3/9	See Attached	
	12.b. Amount. See Attached	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing GeRAID J. Pecora, JA	2.	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name LABORCE'S Combined Funds  Trade Name, if any:	9. Business deals with:  a. Labor Organization  b. Trust		
P.O. Box, Bldg., Room No., if any  Street 1109 Fifth Avenue  City Pitts Burgh  State PA ZIP Code + 4 15219	c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ıg.	The second secon
Name LABOLER'S Combined Funds Wuface Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street /109 Fifth Avenue			
City PittsBurgh	11.b. Approximate dollar value		
State Pa ZIP Code + 4 15219	12.a. Nature of interest held See Att		
	12.b. Amount. See 1	Attached	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		, - 2 0/4/2004
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street			

14.b. Amount of payment.

13.b. Is the Business an Employer

State

ZIP Code + 4

or Consultant

?

Form LM-30

1/1/04 to 12/31/04

Gerald J Pecora Jr.

Part B- Item 12.a. Nature of interest held or income received

Spouse works as a mail clerk in the office of the Laborers Combined Fund. The fund is a separate business entity that collects dues and health and retirement contributions from employers that the Union represents. It separates the money received and remits dues collected to the Union and contributions for health and retirement benefits to the appropriate trusts.

Part B - Item 12b. Amount

W-2 wages - 2004 : \$29,799.96

Pension - 2004 : 1,950 hours for 2004 @3.60 hour = \$7,020.00

Welfare - 2004 : \$8,907.50 total for the year/ or \$742.29 monthly

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